

SOPHIA V. FUERST, Director 312-464-4045

October 24, 2003

Joseph G. Valentino, Esq. Senior Vice President, Secretary, and General Counsel United States Pharmacopeial Convention, Inc. 12601 Twinbrook Parkway Rockville, MD 20852

USAN Review Board / Winston Laboratories Re.:

Dear Mr. Valentino:

This letter is in response to the "further evidential support" submitted by Winston Laboratories on September 24, 2003, in its appeal to for the United States Adopted Name (USAN) Council to reconsider its determination of zucepseicin as the adopted name for cis-8-methyl-N-vanillyl-6-nonemide. Winston has requested that the name zucapsaicin be changed to civamide or another non-confusing name not containing "capsaicin."

Winston Laboratories offers a report prepared by Bruce Lambert, PhD, of the University of Illinois (Chicago). Dr. Lambert's computer program searches databases of drug names to determine similarity in spelling and pronunciation between proposed and existing drug names. The Council is familiar with Dr. Lambert's methodology, having once retained his services, but use of his methodology by the Council was discontinued when it was deemed evident that his methodology serves only to indicate similarity of names within the same series

It is well known that USAN employs the use of common stems (similar strings of letters) to identify compounds that belong to the same class based on the compound's mode of action. Thus, for example, all the drugs containing the stem, "-timib" (for tyrosine kinase inhibitors) would show up on Dr. Lambert's database as similar, which is not surprising considering the intention of assigning generic names is to identify the compound's relationship to existing classes of compounds.

The name, sucapsaicin, was chosen by the Council to identify the compound as an isomer of capsaicin. The fact that the names have similar letters is intentional to inform health care practitioners that this compound is only different from capsaicin in stereochemistry. The nonproprietary name, zucapsaicin, must relate to capsaicin because it is an isomer of

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capsaicin. This is a fact. It would be potentially misleading not to acknowledge this relationship.

Dr. Lambert's own research indicates that "...one would expect pharmacists to associate capsaicin and zucapsaicin in their memories. This similarity would also most likely lead to inferences about similarity in pharmacologic category". In addition, Dr. Lambert notes that there is "no prescribing frequency information about capsaicin".... This is due, of course, to the fact the capsaicin has never been a prescribed item, and entered the market as an over-the-counter medication. In his summary evaluation, Dr. Lambert concludes that "Similarity in the initial part of words is a very important driving factor in confusion, and if two names have to differ by only two letters, it is best the differences be at the beginning of the word," De facto, the name zucapsaicin clearly serves to identify this substance as similar to capsaicin, and the prefix zu-serves to differentiate this name.

Dr. Lambert's linguistic research only identifies that similar strings of letters are similar. This is not a surprising research conclusion. It must also be noted that Dr. Lambert's methodology, although widely published and discussed, has never been validated. It is our understanding that the Institute for Safe Medication Practices also stopped using Dr. Lambert's methodology for drug names because it was not useful.

Winston also submitted a report of a survey conducted by International Research Services Inc. (ISRI). The Council believes this survey review has several methodological problems as it is scientifically inadequate, and there are serious flaws in the design of the survey.

First, the small sample size (400 surveys were sent), and the small response rate (less than 10%) means a proper basis does not exist for generalization of the results to all health care practitioners in the United States.

Second, the introduction to the survey states that the survey's purpose is to "assess the possibility of nomenclature contributing to medication errors." This statement leads the respondent to infer that nomenclature does contribute to medication errors. This bias would likely cause the respondent to select answers that would support this statement.

Third, the answer options in questions 1 through 3 are not balanced. In question 1, four out of the five answer options provide the response that "both are the same compound," while only one of the answer options provides the response "the two are different..." This creates a bias towards the "both are the same compound response." There is no option for the correct response, "one is an isomer of the other" or "both are chemically related." The lack of balanced responses also appears in questions 2 and 3, where there are two "yes" answer options and only one "no" answer option.

Finally, there is no evidence presented that the intended respondents actually filled out the questionnaire. Therefore, to assume that the 39 individual respondents who actually filled out the questionnaire "were specialists in the pain area" is not necessarily accurate.

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Based on these contracted services, Winston Laboratories concludes that zucapsaicin is an inappropriate name for the substance in question, and that there is potential drug-name confusion between capsaicin and zucapsaicin. Also Winston argues that the name zucapsaicin violates several fundamental Guiding Principles for Coining United States Adopted Names for Drugs.

On the contrary, the Council reaffirms that the name zucapsaicin was coined following its Guiding Principles. The name zucapsaicin clearly identifies this compound as an isomer of capsaicin. The only difference between zucapsaicin and capsaicin is the question of stereochemistry, as noted by the stereochemical indicators Z(cis) vs E (trans). Any health care practitioner can clearly understand that capsaicin and zucapsaicin are related. The USAN Council's first general rule is that "...A nonproprietary name should be useful primarily to health practitioners, especially physicians, pharmacists, nurses, educators...."

The additional "proofs" supplied by Winston include a listing from a computer program based on research that is not validated and a scientifically inadequate survey. There is one fact that is irrefutable: *rucapsaicin* is a geometric isomer of *capsaicin*. Naming this substance without reference to *capsaicin*, as Winston argues, would not only violate the principles of the USAN Council and the International Nonproprietary Names (INN). Committee, but would confer the wrong information about any of the products containing this substance. This could be potentially misleading to health care practitioners and to the public.

The Council respectfully contends that the name zucapsaicin be retained,

Sincerely yours,

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Sophia'V. Fuerst

Secretary, USAN Council and

Director, USAN Program

CC:

Winston Laboratories
USAN Council Members